

FILED
03 MAY 27 PM 1:41
CLERK OF U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

DANIE L RODRIGUEZ
Name and Address
34 TURK ST 343
SAN FRANCISCO, CA 94102

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

DANIE L RODRIGUEZ
34 TURK ST #343
S.F. CA. 94102

CV 08

2039

Case No.

SI

Plaintiff / Petitioner

Document Name:

VS.

THE CITY AND COUNTY
OF SAN FRANCISCO

LAW SUIT TO;
THE CITY OF SAN FRANCISCO

Defendant / Respondent

CLAIM AGAINST THE CITY AND COUNTY OF SAN FRANCISCO

Before completing this form, please read the instructions on the back. You have only 6 months from the date of incident to submit this form and supporting documentation to the Controller or the Clerk of the Board of Supervisors.

1. Claimant's Name and Home Address (Please Print Clearly) <u>DANIEL RODRIGUEZ</u> <u>34 TURK ST APT 343</u> City <u>SF</u> CA Zip <u>94102</u> Telephone <u>415-567-4951</u>		2. Send Official Notices and Correspondence to: <u>HUMAN SERVICES AGENCY</u> <u>P.O. Box 7988 - MINISCHOI 216</u> City <u>SF</u> CA Zip <u>94120-9939</u> Telephone <u>415-558-1866</u>																	
3. Date of Birth <u>2-4-51</u>	4. Social Security Number <u>572-90-3224</u>	5. Date of Incident <u>06-26-07</u>	6. Time of Incident (AM or PM) <u>MAILING DATE</u>																
7. Location of Incident or Accident <u>OFFICE</u> <u>1440 HARRISON ST 11TH ST P.O. Box 7988</u>		8. Claimant Vehicle License Plate #, Type and Year <u>CASE N° B739813</u>																	
9. Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss. <u>LEFT EYE HAZARDED, SPANISH SOCIAL WORKER. IS RESPONSIBLE FOR INJURY OF MY LEFT EYE. HE TOOK MY MEDICAL CARD AND NO BENEFIT OF DOCTOR CARE, I GOT BLIND OF MY LEFT EYE, SO THE CITY IS RESPONSIBLE HE IS ONE OF THE WORKER.</u> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Name, I.D. Number and City Department of City Employees who allegedly caused injury or loss</td> <td style="width:33%;">Type of City Vehicle</td> <td style="width:33%;">Vehicle License Number and Bus or Train Number</td> </tr> <tr> <td><u>DEPARTMENT OF HEALTH - SF HUMAN SERVICES AGENCY - 1440 HARRISON ST - P.O. Box 7988</u></td> <td></td> <td></td> </tr> </table>				Name, I.D. Number and City Department of City Employees who allegedly caused injury or loss	Type of City Vehicle	Vehicle License Number and Bus or Train Number	<u>DEPARTMENT OF HEALTH - SF HUMAN SERVICES AGENCY - 1440 HARRISON ST - P.O. Box 7988</u>												
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<u>DEPARTMENT OF HEALTH - SF HUMAN SERVICES AGENCY - 1440 HARRISON ST - P.O. Box 7988</u>																			
10. Description of Claimant's injury, property damage or loss <u>A - SPANISH SOCIAL WORKER, HE TOOK AWAY MY MEDICARE CARD, INSURE, CE, WHEN I WAS SEEN DOCTOR GO FOR EYE TREAT EXAMINATION. FOR HIS NEGLIGENCE HE WENT TO MY SOCIAL WORKER FIVE MINISCHOI 216 AND HE SUSPEND MY MEDICARE ONE, MILLION, DOLLAR, LOW SUIT TO HIM</u>		11. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. (See Instructions) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">ITEMS</th> </tr> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>TOTAL AMOUNT</td> <td style="text-align: right;">\$1,000,000.00</td> </tr> <tr> <td colspan="2"> Court Jurisdiction: Limited Civil <input type="checkbox"/> Unlimited Civil <input checked="" type="checkbox"/> </td> </tr> </table>		ITEMS			\$		\$		\$		\$		\$	TOTAL AMOUNT	\$1,000,000.00	Court Jurisdiction: Limited Civil <input type="checkbox"/> Unlimited Civil <input checked="" type="checkbox"/>	
ITEMS																			
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	\$																		
TOTAL AMOUNT	\$1,000,000.00																		
Court Jurisdiction: Limited Civil <input type="checkbox"/> Unlimited Civil <input checked="" type="checkbox"/>																			
12. Witnesses (if any) Name Address Telephone 1. <u>A. WILLIAMS, MD 2100 WEBSTER #214, SF CA 94115 415) 923-3007</u> 2. <u>DANNY Y. LIN M.D. 2000 WEBSTER ST SUITE 214, SF CA 94115 415-923-3007</u>																			
13. <u>Daniel Rodriguez</u> Signature of Claimant or Representative <u>DANIEL RODRIGUEZ</u> Print Name		<u>7-25-2007</u> Date <u>MYSELF</u> Relationship to Claimant																	

CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (PENAL CODE §72)

CAFORM 2 201

LAW SUIT To; CITY OF SAN FRANCISCO.

1-Million dollar suite to a medical Spanish, social worker

There two Spanish social worker went to Mimi Choi Compute file

I receive one letter from, Hector social worker

And one letter from Luis social worker, get in the business of my social worker

Mimi Choi #216 went I Complaint that I don't want Spanish social worker there were mistreatment before and I change to English one.

So Hector and Luis both of then suspend my medical card

I suffer gravely damage to my left eye, I'm blind from glaucoma. Because Spanish social worker are guilt it there Guilt it of the Crime, I recommend the suspend of there social license

So the City OF San Francisco is responsible for my gravely injury.

Social worker

Daniel Rodriguez 415- 567-4951 MIMI CHOI -Y216 (415) 558-1866

34 Turk ST # 343

1440 Harrison ST

San Francisco Ca, 94102

SAN FRANCISCO CA, 94103-4312

Plaintiff's case number B739813

Home social worker coordinator

Monique Flambures

Dalt Hotel 34 Turk st

San Francisco ca 94102

415-928-1072 e; mflambures @ tndc.org

TO: HEALTH DEPARTMENT MEDICAL CLAIM COMPLAINT
WHEN I LIVE ON 1541 CALIFORNIA ST APT 11 IN SAN FRANCISCO, CA
94109 IN THE YEAR 2004, I WENT TO A DENTIST CLINIC WITH MY
MEDICAL INSURANCE TO MAKE MY DENTURE ON SOME CLINIC ON MISSION,
DISTRICT

AFTER THE DENTIST CHECK MY DENTURE I SAID I DON'T WANT
EXTRACTION MY TREE TOOTH LEFT I GOT TO EAT MEAT WITH IT.
THAT I WANT TO MAKE A DENTURE WITH MY TREE TOOTH WITH IT
MY MOUTH DON'T HOLD DENTURE BECAUSE THE DENTIST FROM
COLOMBIA CARE CENTER IN SOUTH CAROLINA USA.
REMOVE THE BONE OF MY MOUTH FOR DENTURE TO HOLD IN
PLATE, THEN I RECEIVE THE APPROVE BUT THE DENTIST WANT
TO EXTRACT MY TREE TOOTH AND REFUSE TO DO IT THERE CRIME,
TO MYSELF .

THEN A SPANISH SOCIAL WORKER GET ANGER ABOUT IT
AND HE TOOK MY MEDICAL BENEFIT AWAY FROM THE HEALTH
DEPARTMENT. SO I PERSONALLY ACCUSE HIM TOGETHER IN MY SOCIAL
WORKER FILES MIMI CHOI 2

HE IS A INDICED NEGLECTFUL WORKER

A LAW SUIT OF ONE MILLION DOLLARS FOR AND HIS DEPARTMENT,
SIGN

DANIEL RODRIGUEZ

JS 44 (Rev. 12/07) (and rev 1-16-08)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO OF THE FORM.)

I. (a) PLAINTIFFS

DEFENDANTS

DANIEL RODRIGUEZ

The City and County of S.F.

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)County of Residence of First Listed Defendant
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

(c) Attorney's (Firm Name, Address, and Telephone Number)

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input checked="" type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General Habeas Corpus <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Judge from Magistrate Judgment ☐ Appeal to District

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

U.S. GOVERNMENT LAW SUIT TO: THE CITY OF SAN FRANCISCO
Brief description of cause: DISCRIMINATION, MALPRACTICE, PERJURY, LEFT EYE BLIND

VII. REQUESTED IN COMPLAINT:

☒ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$1,000,000.00
 CHECK YES only if demanded in complaint: JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE "NOTICE OF RELATED CASE".

IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2) (PLACE AND "X" IN ONE BOX ONLY)

☒ SAN FRANCISCO/OAKLAND ☐ SAN JOSE

DATE

SIGNATURE OF ATTORNEY OF RECORD

Daniel Rodriguez